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‘We’re effectively becoming immigration officers’: social care managers’ experiences of the risk work of employing migrant care workers

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Short title: ‘We’re effectively becoming immigration officers’

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Abstract

In the UK care sector, as much as other fields of work, managers need to check and monitor the immigration status of their staff. In this article, we examine accounts from care home and home care managers of making decisions about recruitment and employment practices placing these in the context of risk work. We use data from a secondary analysis of interviews with 121 social care managers that took place in four contrasting English local authority areas in two rounds over the period 2009-2014. In the interviews we explored managers’ views and experiences of employing or deciding not to recruit migrant workers and the extra work this potentially entailed. We identified three major themes in these interviews: vigilance, being caught, and shifting resources. The *Vigilance in recruitment and managing staff* theme highlighted managers’ experiences of and concerns about implementing the regulations around employment permissions and indicated their feelings that it was essential to comply with new government regulations relating to migrant workers. The *Being caught* theme was based on managers’ fears about the risks of being in breach of the regulations and worry about the severity of the penalties. The *Shifting sources* theme highlighted managers’ continued work

in reaching out to fresh sources of recruitment as a response to changes in immigration regulations. Our findings expose the potentially stressful nature of managers' roles in implementing new regulations and managing the risks of non-compliance. This new aspect of risk work reveals the tensions of managers' role in performing their obligations to scrutinise documentation and abide by changing regulations while still running their services. As the UK moves to Brexit (leaving the European Union) these tensions look set to increase in the context of further migrant working regulations and amendments to immigration permissions.

Keywords: Migrant workers; Social Care; Management practice; Immigration Policy; Workforce, Trust, Risk work, Risk, Brexit

Introduction

The number and proportion of migrant workers employed in the social care sector in England have increased in recent years (All Party Parliamentary Group on Migration 2011). However, the United Kingdom (UK) government has expressed numerous concerns about 'illegal' migrants (a term used to describe people without the right to work in the UK) and specifically identifies care homes as part of the labour market where such illegal migrants may be found (O'Neill 2015). While free movement of labour is a tenet of the European Union (EU) (many migrant social care workers are EU citizens with current rights to work in the UK), the social care sector also employs large numbers of non-EU migrants (Skills for Care 2015). For non-EU migrants seeking the right to work in the UK, the UK government authorises entry and employment if workers are needed to address specific skill or labour shortages. Social care work in England typically includes services such as home care (domiciliary care) and care homes (long-term care facilities including assisted living and nursing homes). In England most social care is provided by the commercial sector in which there are several thousand employers. Every employer is responsible for ensuring that they comply with immigration regulations and that all their

employees have the right to work in the UK. Usually this is undertaken by the Registered Manager or by Human Resources (HR) staff in large care corporations.

In this article we explore the risk work of such managers in the social care sector, who make decisions about recruitment and employment practices in their own businesses or work units, generally care homes and home care agencies. We draw on data from interviews with managers undertaken as part of an on-going longitudinal study (Manthorpe and Harris, 2014). In the interviews we explored managers' views and experiences in deciding to employ migrant workers or otherwise, and the work this entailed. In this article we consider managers' administrative activities in relation to the immigration status of work applicants or employees within the context of risk work (Gale et al., 2016; Farre et al., 2017). We set our findings in the context of managers' roles and governance activities, their perceived necessity to be vigilant about risks, and the impact of managing immigration formalities on internal relationships of trust within the care agency. All these look set to have greater salience following the UK referendum decision to leave the EU (commonly referred to as Brexit).

Migrant workers, risk work and social care

The presence of migrant workers in long-term care facilities such as care homes and in home care has been observed in most high-income countries (Shutes, 2012). Researchers have explored migrants' motivations to embark on care work, their conditions and workplace problems, and lack of social status (McGregor 2007). However, little is known about the specific work of social care managers in employing care workers where there are potentially immigration matters to consider as well as other important concerns such as skills and attitudes. While there is growing interest in the United States in the 'pivotal' work of nursing home managers (Siegel et al, 2010; Castle and Decker 2011) there is limited research about care home managers in the UK and little on home care managers. As Orellana observed (2014) regarding care home managers, this is surprising given their potentially profound

impact on the lives and care of many residents.

The English care sector comprises large corporations or chains, as well as small owner-run businesses. In the care home sector 15 per cent (c. 2,200) of managers are registered to manage homes owned by individuals, sole traders or partnerships (Care Quality Commission, 2014a), while others work for larger providers, mostly commercial chains, with some having not-for-profit status. Small numbers of care homes are currently owned and run by local authorities, although local authorities fund most care home residents' fees in full or in part (Davies and Goodman, 2008). In England, the approximately 14,000 care home managers (Orellana, 2014) are predominantly (80%) female; are representative of the wider UK population in terms of ethnicity, with: 80% being white; and two thirds (66%) being aged between 45 and 64 years (Orellana, 2014). A further 7,420 registered home care (domiciliary) providers operate mainly in the commercial sector (Care Quality Commission, 2013) each with a registered manager.

Migrants working in social care

Both EU and non-EU migrants have been the subject of considerable research interest in recent years in the UK and internationally. Researchers have generally considered them as a group facing similar challenges although some have drawn attention to differences between EU and non-EU migrant care workers (Hussein et al, 2011). It is widely acknowledged that the employment of migrant care workers has been a response to some of the problems created by high staff turnover and skills shortages in social care (Hussein et al, 2011). A few studies have investigated the views of care recipients about workforce ethnic diversity (Manthorpe et al., 2012) and frontline care workers' experiences of racism (Stevens et al., 2012).

Across the social care sector in England 7% (95,000 jobs of c.1.5million workers) of staff are of EU nationality and 9% (125,000 jobs) are of non-EU nationality, with wide variations between the higher rates in London compared to the rest of England (Skills for Care 2017). Studies of EU social care migrant workers have often referred to their motivations to get jobs that can be used as stepping stones to other employment and their experience and expectations that social care work offers easy opportunities to gain work experience and learn or refine their English language skills (Hussein et al., 2012). Other research among non-EU migrants working in health or social care, such as nurses, has often commented on their ambitions to work in the UK's National Health Service (NHS) or to move to other developed countries such as the US or Canada, or to return home with savings and experiences acquired from UK work (Christensen and Guldvik, 2014). Few studies have investigated international (non-EU) students who are permitted in the UK, under the terms of their visas, to work part-time or other social care migrant workers with different immigration statuses. However there is considerable evidence that many such students work in the UK care sector (Shutes 2012; McGregor 2007) as part of the wider trends which blur the categories of student, worker, and migrant as identified by Neilson (2009).

Missing from the social care research literature are accounts of the work of managing the processes of employing migrant care workers from outside the UK, or any assessment of the impact of continually changing rules and regulations, or the impact of scrutiny by the UK Border Agency. While some politicians have declared that the sector is breaching immigration rules (see Community Care, 2015) this is not reported as either intentional or unintentional. This present article seeks to address these gaps.

The work of managing workforce permissions may be considered in the context of the aim of many social care employers to provide a family-like ethos or 'family analogy' in their services (Atkinson,

1998, p.21) where trusting relationships between colleagues and with care recipients are important to care quality (Chambers and Tyrer, 2003). As Johnson (2015) observed in her study of the emotional or moral labour of care home work, feelings of emotional connectedness and personal relationships are encouraged by training and a home's ethos of care. The importance of adopting a managerial style based on consensus, defined as 'leaders who solicit, and act upon' input from their staff, is associated with lower levels of staff turnover in US nursing homes (Donaghue and Castle 2009, p. 126).

In this article we examine how social care managers address the tensions involved in recruiting and retaining staff within employment regulations that present uncertainties and anxiety. We focus on managers' multi-faceted roles and risk decision making in recruitment, and the work of 'managing' immigration permissions. We shift the discussion of risk in health and social care from its current focus on harm to patients and care users (Burgess 2016; Horlick-Jones 2005) to a new discourse of risk work in human resources and administration. This new discourse reveals the tensions of employment practice within commercial and regulated care services. It identifies the salience of regulations beyond the governmental world of health and care (see Hutter (2008) for example) to those regulations governing employment and migration.

Methods

In this article we use data from a large set of interviews with social care managers to explore the risk work of managers in relation to employment of migrant workers and the impact of the fears and uncertainties they reported. The overall aim of the Longitudinal Care Work Study is to increase understanding of the factors that facilitate or constrain recruitment and retention in the social care workforce in England, which constitutes between 4-6% of the total UK workforce (Skills for Care, 2016). The study started in 2008 and consists of a longitudinal panel survey of a sample of social care

providers and their workforces plus interviews at different time points with social care employees, employers, managers, and people using their care services and their family carers. Interviews have been taking place in four contrasting English local authority areas (varying by size, geography, ethnicity, un/employment, urban/rural characteristics).

Almost all interviews are audio recorded (with permission), transcribed and organised by NVivo for thematic analysis. If permission to record is not granted, full notes are taken. This qualitative approach permits specific exploration of subjects that are central to the study's aims and objectives. However, this large dataset also lends itself to other enquiry to address matters that are newly arising or to investigate topics that were not originally prioritised for analysis (Heaton 2004). Consequently, and in the context of the UK Brexit referendum decision, we interrogated the interview dataset to investigate how managers are currently undertaking work related to their staff's immigration status, highlighting in the main their replies to questions about their staffing profile and particular recruitment challenges and strategies. In this article we draw on this data to analyse and discuss the implications of managing the risk work of employment and human relations in the context of global migration in the social care workforce. Other analyses of the same data have explored the management of racial and ethnic relations in the care workplace (Manthorpe et al., 2018) and the role of value-based recruitment in social care (Manthorpe et al., 2017).

We draw on data from the interviews with managers that took place prior to the UK's Brexit referendum in June 2016 in this article. Following coding, we extracted all discussions in the interviews that related to migration, immigration and international/migrant workers, we then examined this material to identify all references to risk work, including checking of permissions to work and management responsibilities such as scrutinising passports and identities, keeping abreast of permissible hours of work, fulfilling visa and permit requirements, and vigilance over changes to immigration rules.

In the first cycle of interviews (2009-2012 Cycle 1) we interviewed 71 managers and in the second (2011-2014 Cycle 2) we interviewed 50 as a follow up. While interviews were conducted in the same agencies (where surviving), staff turnover meant that some interviews in Cycle 2 were with newly appointed managers. Among the 121 managers interviewed, 95 were female and 26 were male. Most (79) interviews were with care home managers; with another 28 with home care (domiciliary) agency managers, and 14 with managers of local authority services. In terms of primary client groups served, these included older people (including people with dementia) (50 managers); people with learning disabilities (with/without physical disabilities) (21); people with mental health problems (8); people with physical disabilities (2); and all adult user groups (40).

Ethical permissions were received from King's College London and the participating local authorities. All interviews were undertaken with the permission and consent of participants and all the findings are anonymised. Guidance to social care researchers recommends that care should be taken to assure participants that the research will not be linked to inspections and that their identity will be kept confidential (see Luff et al., 2011). We provided this assurance and in the data reported below identifying features have been removed from the illustrative quotations.

Findings

The UK Visas and Immigration department currently (2017) manages applications for people wanting to visit, work, study or settle in the UK. The challenge for managers of ensuring that they comply with immigration regulations is compounded by regular changes of its rules and the powers of the governmental agencies. Indeed, the Home Office's own timeline details 69 policy and legislative changes to migration over the five-year period, April 2010-April 2015 (Home Office 2016). In our analysis of the data related to staff recruitment and continued employment we identified three major themes that captured risk management and relationships

which we have conceptualised as 'risk work'. These are addressed in the findings section of this article:

'vigilance in recruitment and managing staff'; 'being caught', fears about the likelihood of being found in breach of the regulations and about the severity of the penalties; and 'shifting sources for recruitment', highlighting changes in recruitment practices resulting from the many changes in immigration and employment regulations.

Vigilance in recruitment and managing staff

All the managers interviewed reported checking applicants' immigration status. The following interview extract was a fairly typical outline of the activity involved when dealing with job applications and verifying identities and permissions to work:

We do check the immigration. If necessary, we contact the Home Office, if we are in doubt. But we check the passport. We keep the passport copy, national insurance number. We have it on file. (Manager, Care home for people with mental health problems, 2009)

Such was the importance of 'valid' or 'proper papers' that many said they would not consider applicants who could not produce these:

Anyone that we feel... anyone that applies for a position, we have to do an eligibility check. If they are a foreign applicant, i.e. from one of the European countries, we have to ensure that they have the proper papers. And that will be brought up at interview. If they come along and we say, where is this paper? And that paper? And if they haven't got it, they don't get interviewed. (Deputy Manager, Care home for people with learning disabilities, 2009)

However, it was not just at recruitment stage that vigilance was needed, some managers referred to the need to undertake continued checking that documents were genuine but also monitoring work patterns to make sure that visa or work permit restrictions (on hours worked for example) were not being transgressed:

You've got to make sure that it is legal. That it is not a fake and everything else. Two, you've then got to monitor that if they are on student visas that they are only doing 20 hours a week. He [the student] may well have got a job somewhere else and be doing

another 20 hours there or if shifts run over, what do you do? (Human Resources (HR) Manager, Home care service, 2009)

Being Caught

The reasons for this vigilance were the managers' fears that they would be 'caught out' by the Border Agency (since 2013 this work is the responsibility of the UK Visas and Immigration Service) in an inspection, although some observed that there were parts of the care sector that did not seem to be so worried about this and were ready to employ people who had left one care home when their position was deemed 'illegal' (if, for example, their visa had expired):

We've got people with visas that have expired. We had a couple of visits from the Border Agency who came in and it was around student visas and they changed the rules. And so we had about six staff and they (Border Agency) actually said, sorry, you are not allowed to work here. Good people, but we all found that they all had jobs the next week in a different nursing home. Their visas haven't changed at all. (General Manager, Nursing home, 2011)

For some participants the tasks of checking and confirming were getting harder over the years because rules had changed many times to 'tighten up' entry for non-EU staff. Fraud was hard to detect but the managers felt that they were being required to do this difficult task and confessed to feeling ill-equipped for it:

In that one [case], I recognised that it [the documents] didn't look right but if somebody has made a really good fraudulent copy, I've got no idea. But yet, I'm the one that's responsible if I employ them and that's unfair. I'm not the immigration officer. I'm not getting paid to be an immigration officer. Yet, if I get it wrong, I stand a chance of being fined £10,000 a time. That is unfair. The services are not in place to help me do it and that's wrong and that's making me shy away from employing people who could, potentially could, be fantastic, but I can't take a chance of being fined £10,000 a time. (Proprietor/Manager, Care home for older people with dementia, 2009)

Those working in large companies (or groups of care homes) were generally able to pass Human Resources (HR) or personnel work to centralised departments, nonetheless the local care home managers still had to take on the work of dealing with any care worker who was suspected to be working illegally which could be personally challenging:

The group [company] do have regular Home Office checks and we have personnel audits in place within the group as well to make sure that everything is in order. I've only experienced one where after a personnel check it was found that the person was illegally working. We had to dismiss that individual. (General Manager, care home for people with learning disabilities, 2011)

In addition, it was not always easy to distinguish between non-EU and EU nationals, as one manager reported when talking of her uncertainty about one applicant who had an EU passport but had arrived in the UK from an African country.

Immigration checks on care staff had been experienced; both within unannounced Home Office/Border Agency/UK Visas and Immigration visits and Care Quality Commission (CQC) inspections. Despite the CQC's role in inspecting care quality, some managers regretted that its inspectors sometimes seemed to focus on making sure that employment paperwork was in order rather than the quality of the service:

They [immigration checks] come unannounced. They do. But we haven't had a problem at all. Always make sure that we have employed and the right people with visa and these sorts of things... [They come] many, many times... They come randomly. Last year they were twice. This year they haven't come, although we've had CQC. CQC when they come they check the employment documents. When they come they haven't found any problem with us at all. (Registered manager, Nursing home for older people, 2015)

Shifting sources of recruitment

The managers discussed the ways in which immigration rules affected decisions about recruitment efforts and the sources of new staff. Overwhelmingly managers indicated that their opportunities to employ non-EU workers were falling as immigration limits were being applied more rigorously to non-EU citizens. In contrast, they had experienced greater availability of new pools of labour as more countries joined the EU and their citizens made use of the EU free movement of labour. Such changes in job applicant profile were reported by most participants and reflected immigration rules related to the EU and consequent changes to other countries rather than staffing requirements:

I've just had a little recruitment drive I suppose the major trend is that we are not able to dip into the market of the Australians and the South Africans and to a large degree now, Filipino qualified staff and some Indians, because of changes in the Home Office. So that's made life a little bit more difficult for us. (Registered Manager, Nursing home, 2009)

One manager of a care home providing nursing and end of life care contrasted her home's staffing complement in 2011 and in 2015 as a constant ebb and flow of different minority groups. Initially applicants came from outside the EU – being Burmese, Chinese, or from the Philippines, then a large group of staff from African countries were employed, moving to gradual increases in staff from different Eastern European countries, with new EU accession countries such as Romania and Bulgaria being the most recent recruitment pools:

We got the changes in the immigration, so all our lovely care assistants from Nepal, the Philippines who were nurses in their own country or whatever, who had not managed to pass the [new immigration rules] that was a big thing. Visas not being renewed and them all having to go back. That has happened in the last year [2014] with about 15 people on that. I would still say that the component of staff, there's still probably only 15% of my staff are British born. The Burmese probably has changed. Certainly African staff still quite a predominant group. Polish staff, very increased group. Most of the domestics. We now have a group of Romanians and Bulgarians. (General Manager, Nursing home, 2015)

The effects on staff continuity of care were evident to the managers where whole groups of staff had to leave, and gradual staggering of new recruits was not possible, negatively affecting potentially the quality of new workers' support and induction.

Furthermore, the position of students from non-EU countries being employed became more complicated between the first and second cycle of interviews (for details of the multiple changes see Home Office, 2016). Initially the employment of students was reported as very attractive to managers on the grounds of students' willingness to work flexibly and for the wages offered. Indeed, some educational providers were reported by some participants in 2011 to be asking care homes to extend offers of work to foreign nationals so that non-EU individuals could get student visas to enter the UK:

We are now finding that we are getting a lot of colleges ringing up to see if they can place students with us that are doing NVQ [National Vocational Qualification training], because they are supposed to come into the country with a placement already established. But what they are doing, they are coming into these new universities that have set up to take them without a job, which is actually illegal practice; they are not supposed to do that. They are ringing and asking if we can take students *en bloc*, which I can't do. (Manager, Nursing home, 2011)

Students with visas entitling them to work had been permitted to work 20 hours a week although this was not always what the care home staffing complement fully needed.

In the second cycle of interviews (mainly 2015) managers talked about a 'tightening up' of student visas to restrict entry to certain courses of study, limits on employment, and reduced lengths of permission to stay in the UK (Home Office, 2015) and some employers had changed their staff complement as a consequence of not being able to manage the risks of falling foul of these regulations and thereby being fined or losing staff instantly following an unannounced inspection. One of the most substantial changes described in this present study was by the manager of a home care company who needed to resolve the loss of Indian students as part-time workers by recruiting from a new migrant pool of labour (former refugees from Somalia), themselves affected because of other government initiatives, namely changes in social security benefit entitlements for people not in paid employment.

However, EU students were more attractive as employees as they did not need permission to work or permits and visas as they were EU citizens:

We also have EU students in the summer that come from the Czech Republic that come and work during the summer. They are usually medical students that come over to work for money and experience. (Manager, Home care agency, 2010)

Again, the implications of this for continuity of care for residents and the staff team remain to be established but they may account for some of the endemic problems of staff retention in social care;

short-term employment being both a problem and a short-term solution.

Over the course of the study a small number of employers, all in the care home sector, had made the decision to embark on the process to get approval to apply for licences to be able to offer work permits to non-EU citizens in their companies, generally so that they could improve recruitment or retention of essential senior staff – such as senior care workers or nurses. While some recruited directly from overseas with such licences, others could use their licence to employ people living in the UK temporarily and regularize their position:

Over the last two years we have also got the licence for taking employees on work permit ourselves. We have got some people who are employed full time... Some of them from abroad, but they have been already in the country and [have] higher level of qualification. It all depends on the level of calibre ... And they have already been working for us. We have internally recruited, in a sense. (Registered manager, Nursing home, 2011)

However, ensuring work permits were valid remained necessary, and was complicated by changes in rules and timescales.

For some, the effort involved in seeking work permits was simply regarded as just too difficult in terms of the risks of getting things wrong, the complexity, the rising cost of registration fees, and time requirements:

We can't go down that road. It is too traumatic and it's too expensive to be applying for work permits for nurses. (General Manager, Nursing home, 2009)

Finally, some managers themselves were personally affected by immigration controls. One reported that, while the care home company she worked for did not recruit people who needed a work permit, her own immigration status was that of someone without the legal right of abode in the UK but who had been admitted without any time limit on her stay and was free to take up employment. In her case

her employer evidently understood such distinctions but interviews with other managers indicated that not all were willing to employ staff whose status was complex. This General Manager expressed some concern that other employers would not be so understanding of her entitlements.

Discussion

In this article we have presented findings relevant to risk work and decision making in social policy and social care. We have explored under-reported facets of the social care manager role – the administrative tasks which do not necessarily directly impact on social care provision but absorb both time and energy. Our findings provide some evidence of the additional sources of potential stress of the manager role namely the tensions of risk work in their employment of staff, in addition to the often referred to problems of meeting rising care needs amid staffing shortages (Orellana 2014). We have also provided evidence of the differences in risk responsibilities between managers who have sole or near all responsibility for aspects of the agency and those who work as part of larger chains or corporations that offer a centralised human resource (HR) function. The position of being a registered manager, with its responsibilities for care quality but also workforce legalities, seems to give rise to feelings of being responsible for expanding, contentious, and complex areas of new risk work. These were strongly expressed as negative parts of their further regulatory responsibility to government.

There are limitations of course to this study. It is reliant on managers' accounts and on secondary analysis. More focused studies of managers' administrative roles might explore the extent to which their Human Relations (HR) activities of verification and vigilance take up time and possibly cause stress. There might be scope for such studies to compare managers' roles across the diversity of the care sector. However, this is the first analysis, to the best of our knowledge, to investigate this subject and it offers new perspectives about migrant employment in UK social care and on risk work

specifically among managers of the multiple employers providing UK social care. Furthermore, the study has provided a longitudinal perspective, reflecting some of the many changes in UK immigration rules and the ways in which these changes compounded problems of having to react to new rules, address risks to care users, and losing valued staff members. As Brexit approaches (end 2017), our study also provides some baseline data about managers' work and risk assessments prior to the predicted new complexities of this change which may affect both the rights and status of current social care workers as well as new recruits (Independent Age 2016).

In respect of social policy on migration, the findings illustrate the impact of multiple and continual immigration regulation changes on employers or managers (the potential implications for themselves have not been explored in depth but are a further area for study). The manager's role is characterised by much autonomy and discretion in all areas of risk taking which, research has suggested, form part of the job's attraction in the care home sector (Orellana et al., 2017). Managers can exercise discretion, if they are able to find sufficient recruits, when making decisions about employing international staff, but legal requirements to manage immigration status through processes of checking and monitoring increasingly and substantially constrain their autonomy. Furthermore, the work of checking and verifying immigration status is perceived by some managers to be negatively risky and stressful, and, as some observed, a few made the decision simply not to consider potential employees needing permits and permissions, following a private process of risk assessment. These managers considered that efforts to address immigration status would likely not outweigh the new recruits' contributions as solutions to their recruitment problems, despite the risks of legal accusations and reputational risk of discrimination, and of by-passing quality staff. Even when managers decide not to employ international workers they may feel at risk from public pronouncements that the sector is being investigated for potential immigration infringements (O'Neill 2015) and those who do actively recruit internationally may have to be vigilant about this aspect of staff recruitment and retention and, if

available, obtain expert Human Resources (HR) advice. Changes in immigration rules were reported to occur on a regular basis and some participants were anxious about inadvertently breaching these rules. Vigilance was a repeated theme in checking initial permissions but also the potential need for vigilance in detecting fraudulent documentation or claims. Anxiety led some to feel vulnerable, subject to surveillance, and lacking support. We do not know if this impacted on the provision of care to residents but there is cause to suspect that problems may arise in terms of failing to employ some potentially high quality job applicants, colleagues being overstretched by risk aversion or caution in filling job vacancies, and retention problems when staff have to leave to meet immigration rules and are not replaced. As Zinn (2008, p.446) noted, the 'in between strategies' for managing everyday risk are often neither rational nor irrational but rely on complex mixes of knowledge, predictions and emotions.

An overarching theme was that of the difficulties of maintaining trust in conditions of uncertainty which arose in many of the interviews and is often deemed central to risk work (Zinn 2006; Horlick-Jones 2005). This was evident in respect of initial employment interviews and checks where managers wondered if people or papers were trustworthy. Those managers with Human Relations (HR) support evinced trust in the expertise of this support and relied on it to provide assurance. There were some indications that other care providers could not always be trusted to act legally and suspicions about other less scrupulous managers or employers were voiced. Problems with trust also emerged when managers described a complicated and changing immigration system in which they might be 'caught out' by new regulations which did not seem to them to be sympathetic to their position as employers. As Williams and Brennan (2012) have commented, the links between social care and race (including power relations and inequalities) needs to be recognised and this study offers a new perspective on the fear and lack of trust that may be engendered by labelling the care sector as transgressive of rules.

The interview data also suggest that managers were embroiled in self-regulation as representatives of their employer or business. They were responsible for understanding risks and rules, and policing them. These activities accord with other parts of their work in which they are responsible to the regulator (the CQC) and must produce regular evidence about their operations in the awareness of possible unannounced visits (Orellana et al. 2017). These obligations have been criticised as over-burdening the job of managers with too much paperwork or bureaucracy (Warmington, et al. 2014). For policymakers there seem to be dual and competing imperatives to reduce bureaucracy but also a reliance on managers to address immigration by being on the frontline of scrutiny (Department for Business Innovation and Skills (BIS), 2013). One care home manager's summing up of their role as one of 'effectively becoming immigration officers' suggests the fundamental difficulties and undermining of trusting relationships that may emerge from this obligation.

Conclusion

In this article we have examined aspects of risk work in social care that arise from managers' uncertainty and fears of the consequences of being in breach of regulations related to employment. The implications of the study findings are three-fold. First, continued changes in regulations and workforce permissions are complicated to understand. Managers are placed in surveillance roles of their staff's immigration status. As a consequence, some managers do not wish to take the risks of employing much needed staff and others may be risk averse. Second, the study suggests that risk work in employment settings such as social care is not confined to risk empowerment of service users but extends to employment practices and relationships. Considerations of risk policies should acknowledge and connect with these areas of concern. Third, there exist substantial difference in the social care sector between care providers who have access to HR expertise and those whose jobs have far greater autonomy and concomitant responsibilities. Risk work is not equally distributed within employment sectors and leadership development programmes may wish to ensure this is considered in their

curricula.

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